Ohio | Department of Commerce

Division of State Fire Marshal

PUBLIC SAFETY VEHICLE INSPECTION FORM

This section must be completed prior to vehicle inspection by OSP; Applicant shall also show proof of insurance and vehicle registration for OSP to conduct inspection.

Member Name: _____
Last First Initial

Street Address: _____

City: _____ State: OH Zip: _____ County: _____

Firefighter or EMS State of Ohio Certification Number: _____

FDID: _____ Fire Department Name: _____

Vehicle Owner Name: _____

I am aware that the State of Ohio requires minimum insurance limits for bodily injury and property damage. If I am not the aforementioned listed owner of the vehicle, I attest that I have permission of the owner of the vehicle to operate the vehicle as a public safety vehicle.

_____

Signature of Vehicle Operator/ Date

Check if acceptable

	Steering		Body Condition		Exhaust System		
	Glass		Seat Belts		Windshield Wiper		
	Mirrors:		Inside		Outside		
	Brakes:		Service		Emergency		
	Lights:		High Beam		Low Beam		Taillights
	Turn Signals:		Front		Rear		Brake Lights
	License Plate:		Front		Rear		License Illumination
	Tires:		Front		Rear		Wheel/Rims
	Warning Device:		Horn		Siren		Emergency Warning Lights

Fill in or Circle one

Year & Make of Vehicle:		Mileage:		
Type of Vehicle:	Automobile	Light Truck	or	Light Duty Truck
Ohio License Plate Number:		Passenger	or	Commercial
Name of Insurance Carrier:				
Date of Original Inspection:		Passed		Failed
Date of Re-Inspection:		Passed		Failed

_____

Signature of Ohio State Highway Patrol/ Date

8895 East Main Street
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4/8/2019

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